

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|--|--------------|------------------|
| 1 Date of Request: <u>6/24/05</u> | | 2 Serial/Patent # <u>10/523216</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/> | Filing | | | \$ |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input type="checkbox"/> | Extension of Time | | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> | Petition | | | \$ |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | | \$ |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input type="checkbox"/> | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>100.00</u> |
| | | 8 TO BE REFUNDED BY: | | |
| 10 REASON: | | Treasury Check | | |
| <input type="checkbox"/> | Overpayment | Credit Deposit A/C #: | | |
| <input type="checkbox"/> | Duplicate Payment | 9 03--0678 | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | |
| <u>Fee Code Correction</u> | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Barbara A. Campbell</u> | | TITLE: <u>Paralegal</u> | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: _____ | | |
| OFFICE: <u>PCT/DO/EO</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: _____ | | DATE: _____ | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: